		PPLICATION Effecti	ve Octobe					é	100-	-14	60 -	
		CLAIMS AS	FILED - 1 (Column		(Cotur	mn 2)	SMAL TYPE	LEN	MITY	OR	OTHER SMALL E	• •
TOTAL CLAIMS			23				RATE		FEE		RATE	FEE
OR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	Basic Fee	710.00
OI	AL CHARGEAE	BLE CLAIMS	23 min	us 20=	•	3	X\$	9=		OR	X\$18=	54.
D	PENDENT CL	2- minus 3 =				X40)=		OR	X80=		
U	TIPLE DEPEN	DENT CLAIM PE	RESENT				+13	5=		OR	+270=	
If the difference in column 1 is less than zero, enter "0" in column 2							TOT			OR	TOTAL	264
4	28 Sc1	LAIMS AS A									OTHER	THAN
_	eriin ere ed	(Column 1) CLAIMS		(Colu		(Column 3)	SMA	111	ADDI	OR 1	SMALL	ADDI-
AMENDALIA C		REMAINING . AFTER AMENDMENT		NUX PREVI	BER OUSLY FOR	PRESENT EXTRA	RA	ΓE	TIONAL FEE		RATE	TIONAL
	Total	. 23	Minus	- 2	3	- ·	X\$	9=		OR	X\$18=	` }
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							 5=	1	OR	+270=	
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AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	HEST MBER MOUSLY D FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
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	H She aster to set	umn 1 is less than	the entry in and		fte TF In c	colómo 3	+13		<u> </u>	OR	L 7074	<u> </u>
-	ir ens entry in col	umn 1 is less then umber Previously	Paid For IN Th	US SPAC	E is bass th	nan 20. enter "20	T ADDIT	OTAL		OR	ADDIT, FEE	

Application or Docket Number